

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 73     | 10/26/00 |
| FORMALITY REVIEW          | A-S      | 943    | 1-29-1   |
| RESPONSE FORMALITY REVIEW | gm       | 637    | 4/23/01  |

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim                                 | Date |
|---------------------------------------|------|
| Final<br>Original<br>1/3/03<br>4/5/04 |      |
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| Claim             | Date |
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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